



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

BREATH ALCOHOL PROGRAM  
JUN -8 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN  
204171

DATE OF INSPECTION  
06/01/09

LOCATION OF INSTRUMENT (STREET AND CITY)  
Worth County Sheriff's Department Grant City, Missouri

TIME OF INSPECTION  
1056

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER 49 °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2°C)

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ .096%

TEST 2 ☒ .098%

TEST 3 ☒ .098%

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(Over .19)	1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Meets D.O.H. Specs

Guth Laboratories Inc., 10% Solution: Lot #08340, Bot. #972, Mfg. Date 10/15/08, Exp. Date 10/15/09

**INSPECTING OFFICER**

SIGNATURE

*Tom Ziegler*

PRINT NAME

Tom Ziegler

TYPE II PERMIT NUMBER/EXPIRATION DATE

720232 12/03/09

TELEPHONE NUMBER

(816) 387-2345

**CERTIFIED ALCOHOL REFERENCE  
SOLUTION FOR SIMULATOR**

08340	10/15/08	10/15/09
LOT NO.	MFG. DATE	EXP. DATE
275 Gal.	500 ML	972
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.

590 North 67<sup>th</sup> Street, Harrisburg, PA 17111

Toll Free 800-233-2338

Rev. 4/02



Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204171  
06/01/09

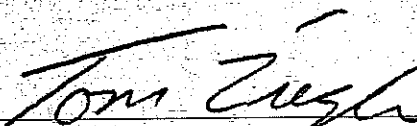
TESTING OFFICER:  
ZIEGLER/TOM/B  
OFFICER I.D.: 1268  
PERMIT NUMBER: 720232  
EXPIRATION DATE: 12/03/09  
MISCELLANEOUS DATA:  
N

## --- SUPERVISOR MODE ---

BLANK TEST	.000	11:04
INTERNAL STANDARD	VERIFIED	11:04
EXTERNAL STANDARD	.096	11:05
BLANK TEST	.000	11:05
EXTERNAL STANDARD	.098	11:06
BLANK TEST	.000	11:06
EXTERNAL STANDARD	.098	11:07
BLANK TEST	.000	11:07

N = 3  
SIM. = .1  
AVG. = .0973

Operator Signature



Printed on recycled paper with agri-based inks

CMSU 2208-02

**BAC DataMaster**  
**Evidence Ticket**MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204171

06/01/09

10:56

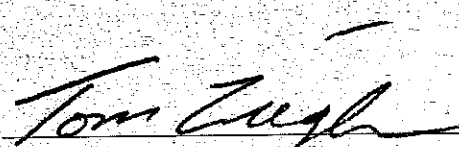
## --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

## PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~

Operator Signature



Printed on recycled paper with agri-based inks

CMSU 2208-02

— Face This Side Down — This Edge In First

# BAC DataMaster Evidence Ticket

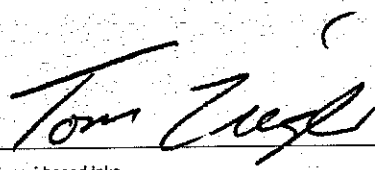
MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204171  
06/01/09

ARREST TIME: 10:30  
SUBJECT NAME:  
RFI/TEST  
DOB: 12/12/34 SEX: M  
STATE/D.L.: MO/123456  
ARRESTING OFFICER:  
ZIEGLER/TOM/B  
OFFICER I.D.: 1268  
TESTING OFFICER:  
ZIEGLER/TOM/B  
OFFICER I.D.: 1268  
PERMIT NUMBER: 720232  
EXPIRATION DATE: 12/03/09  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature



Printed on recycled paper with agri-based inks

CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



TOM ZIEGLER

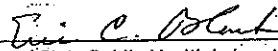
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/03/07  
Number 720232  
Expires 12/03/2009

MO 580-0771 (7-88)

  
Director of State Public Health Laboratory

  
Director, Department of Health

Lab. 4 (R7-88)